

2015 SENATE HUMAN SERVICES

SB 2049

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2049
1/13/2015
J# 21905

- Subcommittee
 Conference Committee

Donald Mueller



Explanation or reason for introduction of bill/resolution:

Relating to inclusion of marriage and family therapists in definitions of mental health professionals.

Minutes:

Attach #1: Testimony by Emily Coler Hanson
Attach #2: Testimony of Kelly Olson
Attach #3: Federal Government Recognition of MFTS
Attach #4: Testimony by Rev. Larry Giese
Attach #5: Comparison of MFT, Counseling and SW licensure in North Dakota
Attach #6: Marriage & Family Therapist Training Requirements and Competence in Assessment and Diagnosis of Mental Health and Behavioral Disorders
Attach #7: Marriage and Family Therapy Core Competencies (12/2004)
Attach #8: MFT Educational Guidelines
Attach #9: Testimony by Gregory Ian Runge
Attach #10: Testimony by Elizabeth Faust
Attach #11: Testimony by Barbara Stanton
Attach #12: Testimony by Kristi Ventzke
Attach #13: Testimony by Kristen E. Benson, Christi R. McGeorge, Tom Stone Carlson
Attach #14: Testimony by Bethany Sutton
Attach #15: Testimony by Steven Chuck Summers

Acronym Definitions:

LMFT = licensed marriage and family therapist

Testifying IN FAVOR of SB 2049

Emily Color Hanson, licensed marriage and family therapist in North Dakota, testified IN FAVOR of SB 2049 (attach #1). Testimony ends (4:25)

V. Chairman Oley Larsen asked for an explanation of the diagnostic training?

Ms. Hanson said there was more testimony coming from NDSU accredited program. There is a one semester course on diagnosis, how that relates to individuals, and relational perspective.

End Ms. Hanson Testimony.

Ms. Kelly Olson, Division Director of Behavioral Health Services at the Village, testified IN FAVOR of SB 2049 (attach #2). Additional attachment (attach #3) provides Federal Government Recognition of MFTS. Oral Testimony ends (12:58)

Senator Warner do you work at the order of courts occasionally. Do you participate in drug court, or court ordered referrals?

Ms. Olson answered that she does not work for courts nor participate in drug court, but does provide referrals for court ordered cases. We have direct relationships with Cass and Clay counties for services, CHIPS related cases for neglect or abuse, approximately 80% are from courts.

Rev. Larry Giese provide testimony IN FAVOR of SB 2049 (testimony, attach #4)
Additional information (Attachments 5, 6, 7, 8)
Oral Testimony ends (16:04)

Mr. Giese provided personal story about clients being referred to those who could prescribe psychiatry physicians, they would do the pharma-psychology piece, they didn't have all the time to do the talk, so then Rev. Giese would come into the picture to work with the family through a diagnosis. People need to talk to have someone that has that expertise and together as they do collaborative therapy, whether it be recommendations beyond what school system does, shared from other entities, so families can work through their issues together, the more beneficial it is.

End of Mr. Giese testimony and discussion.

The following is written testimony received but not orally given IN FAVOR of SB 2049.

Ms. Barbara Stanton (attach #11)

Ms. Kristi Ventzke (attach 12)

Ms. Kristen E. Benson, Ms. Christi R. McGeorge, Mr. Tom Stone Carlson (attach 13)

Ms. Bethany Sutton (attach 14)

Mr. Steven Chuck Summers (attach 15)

Opposed

Gregory Ian Runge, attorney practicing law in the South Central District, spoke IN OPPOSITION to SB 2049. (Attach #9). Testimony ends (21:56)

Chairman Judy Lee indicated that the committee had been told that the training for marriage and family was based as a relationship training, whereas other counselors are clinical diagnosis and treatment. We have been told recently that there have been significant changes in the educational requirements for those Licensed Marriage and Family Therapists and they have a higher level of capability in that area than previously.

Mr. Runge indicated that he doesn't know what the professional standards are, that the qualifications are. Mr. Runge referred to the statute 25.03.01.2 subsection 10 regarding the definitions of a psychologist; it requires a masters degree who has been licensed or approved for exemption under the ND Board of Psychology Examiners, social worker with

masters degree in accredited program, registered nurse with a masters degree in psychiatric and mental health nursing, a registered nurse with a minimum of 2 years psychiatric clinical, that is what we are missing under the proposed changes. Mr. Runge also advised that HB 1040 has another definition pertaining an advanced practice registered nurse and are going to further define the requirements and qualifications. The definition needs to be listed specifically in the statute. It currently doesn't give enough information what their qualifications, and it needs to be defined when in the courtroom. The only professionals we have in the courtrooms are the psychologists.

Chairman Judy Lee reminded Mr. Runge that this bill originated from the Human Services Interim Committee.

Senator Howard Anderson, Jr. asked for Mr. Runge's opinion, the Licensed Marriage and Family Counselors needs to change their definition of scope of practice to match the current education in order to be qualified in the court. Just adding it to this doesn't mean anything if their practice doesn't include what you are talking about.

Mr. Runge indicated that we need to define the qualifications.

End Mr. Runge.

Ms. Elizabeth Faust, Senior Medical Director for Behavioral Health for Blue Cross Blue Shield North Dakota, spoke IN OPPOSITION to SB 2049. Written testimony. (attach #10). Testimony ends (38:25)

V. Chairman Oley Larsen asked does Blue Cross Blue Shield accept insurance or claims from LICSW, LPCC, or Marriage Family Therapists?

Ms. Faust responded that they do provide reimbursement for LMFT's within the scope of practice of family therapy. We also provide reimbursement for the other practitioners that you described for individual treatment because that is within scope of their practice.

Chairman Judy Lee indicated that this was complicated last week with SB 2047 because school psychologists also want to be added as qualified mental health professionals. They are regulated by educational standards and practices board, and not by the board of psychologist examiners. They have education requirements, but now looking at the bigger basket, there is also a bill looking at autism spectrum disorders are diagnosed and qualified mental health professional as defined is part of that discussion. I am not comfortable with school psychologists who should be doing diagnosis on autism/other. All of this intertwined, as there are several different bills working on this. There are several different professions that are highly regarded, well educated, have their own scopes of practice, and are really important. what struck Chairman Judy Lee about this is that maybe we need to look at longer term study about categories of qualified mental health professionals. Chairman Judy Lee doesn't think we can have this umbrella definition without specific definitions for some of these various professional categories so that their unique talents that they have are in this area. It doesn't mean we can't expand the access to services. Chairman Judy Lee indicated that she doesn't think having one grand definition that covers

everybody is necessarily the answer. We recognize this is a complicated issue, that there are many capable professionals who in their unique areas offer important services, there may be some overlap, but we need to figure out how to do this, as this is a challenge. Chairman Judy Lee indicated that she was not suggesting an interim study, but give some thought about categories within the qualified mental health professional designation.

Ms. Faust thinks this is the heart of the issue. It is important to define essential core functions as opposed to peoples titles that have no meaning. Then we need to figure out what arena people have expertise. There isn't a utility in fighting about turf, Ms. Faust was impressed with Rev. Giese about partnering with providers. We need to do that in partnership, with clear delineation about role and function, and how do we define those and remove the emotional aspect.

Sen Axness stated going on the partnering thing, explain if you have a patient and then potentially going outside of your scope of practice, what is the referral process currently look like? If you need to refer to another individual because of their scope of practice, is that occurring now? If it is working and you are already qualified under the mental health personnel, how will that change with the Licensed Marriage and Family Therapist?

Ms. Faust indicated that it is tough to answer the first question. Being part of a professional is understanding what your expertise is and what it isn't. The risk of doing activities outside your scope, you don't know what you don't know, and sometimes you can't recognize you can't treat effectively. Ms. Faust cannot state how much that is or is not happening.

Sen Axness asked if there is the referral without the LMFT, how adding them will change that? If an individual is having a difficult time in the family, they would be the appropriate people to visit with. But if it comes down to an individual, where does that referral come into your office?

Ms. Faust responded to use an analogy from earlier, it is like using a general contractor. Generally speaking very sick kids who have a multitude of both brain based problems and family and social problems, the request is to increase the scope to move the LMFT group into the general contractor category so they could oversee and coordinate care. The concern is the issue of not knowing what you don't know. The problem would be to move someone into the arena of managing an individual mental health needs, when their training is about diagnosing that individual in the context of a family, there are risks of not recognizing and coordinating the individual brain based disorders effectively.

End of Ms. Faust testimony.

Dr. Ederington, licensed psychologist and clinical director at the State Hospital testified. The Department of Human Services is neutral on bill, however they do recommend a potential amendment to include under the definition of mental health professional, a physician assistant certified in mental health and supervised by a psychiatrist. Dr. Ederington supports Chairman Judy Lee discussion of breaking the definition into categories. There is confusion with several bills. This bill relates specifically to civil commitment process, and the mental health professional within that civil commitment process does not function necessarily as an independent practitioner for the sake of

commitment. They may seek a petition for commitment, but then that individual would have to be examined by an Expert Examiner for the purpose of proceeding to commitment.

Chairman Judy Lee indicated that we may be addressing the wrong section of code. This is talking about children's residential treatment facilities, and then the school psychologists came in, and that may not apply. However, there are children's residential treatment centers that do have schools in them, such as Dakota Boys and Girls Ranch, and in Fargo they offer school as well that there is a facility for treatment of youth in Moorhead, where Cass County has a contract that are referred there for someone who needs more counseling than they could get as an outpatient. Chairman Judy Lee indicated that she doesn't want to mess up any of those places. She wants a school psychologist to be part of the team at Dakota Boys and Girls ranch, at the Moorhead facility contracted with. Chairman Judy Lee stated that the point is that there is more than one venue in which services are provided and also education is provided, and don't want to mess those up. Chairman Judy Lee asked the stakeholders to think about having a conference call, to have some input to identify how to make progress in this legislative session, and provide focus on this and be in the right statute.

Senator Dever provided clarification 2047 pertains to 2503.2 which is children psychiatric residential treatment facilities, Section 1 of 2049 pertains to 2503.1, which is commitment procedures, and Section 2 of 3203.48 through 50 which is titled, judicial remedy.

NO FURTHER OPPOSING TESTIMONY

NEUTRAL

No neutral testimony for SB 2049.

Closed Public Hearing of SB 2049.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2049
1/14/2015
J# 21992 (12:58)

- Subcommittee
 Conference Committee

Donald Mueller



Explanation or reason for introduction of bill/resolution:

Relating to inclusion of marriage and family therapists in definitions of mental health professionals.

Minutes:

No attachments.

These meeting minutes reflect the committee work on July 14, 2015, 2:00pm.
J# 21992 (12:58)

Definition Acronyms: LMFT = Licensed Marriage and Family Therapists
Definition Acronyms: LPCC = Licensed Professional Clinical Counselors

Maggie Anderson (Department of Human Services) indicated they are still having conversations, House Judiciary is discussing HB 1040. While they are not parallel bills, there are some crossover and similarities. These definitions of mental health professionals in the commitment area, instead of defining mental health professionals, why not define the scope within their practice, including involuntary commitment. Representative Koppelman gave an assignment to Dr. McLean and Duane Hodack from the Board of Medical Examiners to do some of the same things, so we want to be consistent. The Department of Human Services does not want to make the recommendations regarding considering Licensed Marriage and Family Therapists for being able to do commitments. We can work on the wording, whether they are called mental health professionals, assessors, or examiners. There is a desire to get this designation, but for what purpose. There are other places in the code we use mental health professional. The Department of Human Services is researching where the words "mental health professional" is used.

Chairman Judy Lee indicated that whatever the action is, saying who is professionally qualified to take that action.

Maggie Anderson (Department of Human Services) indicated that maybe an assessor, and then an expert examiner, so that defining it by the functions we need for commitment by those processes. Ms. Anderson has no major objections to the bill; others do. The Department of Human Services will help with the wording.

Senator Howard Anderson, Jr. stated that when Attorney Runge was here, he indicated that he would only take a psychiatrist, which means it cuts out all the others, but that doesn't mean they can't function if the other side doesn't object. You can't always find a psychologist.

Chairman Judy Lee stated that if the Department of Human Services has some suggestions, we appreciate that.

Senator Howard Anderson, Jr. stated that the committee appreciate the work that Department of Human Services is helping with words.

End of discussion (18:57)

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2049

1/26/2015

22545

Subcommittee

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to inclusion of marriage and family therapists in definitions of mental health professionals.

Minutes:

"Click to enter attachment information."

These minutes are from the Senate Human Services Committee on January 26, 2015.

Chairman Judy Lee Licensed Marriage and Family Therapists want to be identified. SB 2047 now fixes that. We have eliminated all the definitions of qualified mental health professionals.

Dr. Andrew McLean, Department of Human Services, testified. SB 2049 is very confusing. We keep adding mental health professionals because of recognition and reimbursement. It might make sense to look at the function versus adding more. The commitment rules, there are 4 different functions of a mental health professional, some of which Licensed Marriage and Family Therapists might meet, social workers might meet, so it confused between experts and mental health professionals. Options are either going to function of commitment, or redefining or perhaps differentiating experts from evaluators. There is a function in which those evaluators can ask a professional treating those individuals who are treating for diagnosis, etc.

Senator Howard Anderson, Jr. the lawyer who testified said if he was cross examining, he would only accept psychologist/psychiatrists.

Dr. McLean stated that's true - that's the expert. If someone is going to be committed, you can have an immediate cause for 24 hour evaluation. Supreme Court forms that they fill out. Some police will allow that and some want judge to sign. Petition that is not imminent so further screening and evaluation, usually referred to Human Service Center and then to expert, and then they can get more info.

Chairman Judy Lee discussed testimony by Dr. Faust, opposed as it stands.

Dr. McLean indicated not negating what she said. Her comments dealt the ability to assess the medical side of diagnosis, so within those four functions of mental health, some

where it doesn't make sense for an Licensed Marriage and Family Therapists to do and others where it is reasonable.

Chairman Judy Lee asked Dr. McLean are we on right track that whatever the scope of practice which is developed by the licensing board for each of these professions determines to be appropriate treatment by the individuals being licensed, rather than everyone under the umbrella.

Dr. McLean said that's the right direction, but will impact more broadly because there are so many different forums that rely on definitions for the commitment rules and supreme court.

Dr. Rosalie Etherington, North Dakota State Hospital, lives in the commitment laws. Dr. McLean described the definition of mental health professionals within the commitment laws. Do we expand the definition or function and scope. Dr. Etherington indicated that Department of Human Services create function versus title, as there is confusion in the titles. Not all are expert or qualified to make commitment. There are lots of qualified mental health professionals who can work in their scope, that can do specific things for behavioral health, not all of whom can do all of the things. Why put a title in here versus a function, then they build within their scope of their licenses, and within reimbursements as a separate matter, and in the commitment code for this, identify expert examiner, which is already defined, and then if there are added scopes within that, then that will be forthcoming, and then there are examiners or evaluators that can also make decisions about the petition. There is a petition process, which is a lower legal standard of proof, and then expert examiner would have to come in at their expert level and say if this person was indeed in need of treatment, and committable. So the evaluator at the lowest level would just say this person meets, and would refer to be evaluated.

Senator Howard Anderson, Jr. can we resolve this by modifying this bill or brought back in two years? Can we say what you said to make it clear for the people who have to work with it.

Dr. Etherington stated the Department of Human Services position is neutral, but if given more time, there are different areas of statute that should also be fixed. If we had two year period to look at this from function, and remove several problems, this would be far more helpful than trying to fix this now.

Chairman Judy Lee asked if it would be more logical for the committee to rely on the SB 2047 solution and move forward that way through administrative rules versus an interim study.

Dr. McLean stated fixing SB 2047, but we said this could several years to fix. Some of the language specifically used include terminology that may no longer be relevant. Other areas in statute need fixing which also impacts forms, etc.

Chairman Judy Lee stated that we probably do need, if we look at interim study, but still SB 2047 have administration rules process, which includes reimbursement for Licensed Marriage and Family Therapists?

Dr. McLean referred to Ms. Julie Leer, Department of Human Services.

Ms. Julie Leer, Department of Human Services, the provision for reimbursement for Licensed Marriage and Family Therapists is something we are proposing in SB 2046 amendment. That's another set of amendments to discuss.

Chairman Judy Lee between all of the 2040 numbers, we could discuss Licensed Marriage and Family Therapists being to practice and be reimbursed, have a potential study for the more complex issue.

Senator Dever asked section 2, judicial remedy, what refers to section 32.03.48 through 03.50, and it includes language from 48, 32.03.49 refers to the immunity from liability for a member of a critical incident stress management team, 32.03.50 refers to confidentiality of critical incident stress management team proceedings and records. In those context, are Licensed Marriage and Family Therapists involved in critical incident stress management team. If not, they don't need to be included in the definition and if they do, then they would be included.

Chairman Judy Lee asked if that is something we would see in the study, because it is more complex.

Jennifer Clark, Legislative Council, in section 2 of this bill, this exists in existing law. It relates to section 48, 49, 50. We never use that term in those sections. She assumes what was intended is the definition of mental health personnel and peer support personnel which were never used in these laws were probably intended to relate to critical incident stress management team. Ms. Clark then read from statute. They probably meant to say including mental health professionals.

Chairman Judy Lee what should we do

Ms. Clark indicated it would be interesting to hear from the professionals who deal with this body of law and see if they are using the definitions in some way, and if so, instead of just striking them, somehow change your body of law and bring it up to date. If they don't ever use the terms, the issue goes away.

Chairman Judy Lee asked whether those sections are used. **Dr. Etherington** does not know.

Dr. Etherington indicated maybe the Department of Health, through red-cross, natural disaster, police department, critical response. That would be her assumption.

Chairman Judy Lee stated 02/09 deadline.

Senator Howard Anderson, Jr. without rewriting the bill into a study, there is a study on House side, it is unreasonable for Department of Human Services to take their time to study - not sure the best way to approach.

Chairman Judy Lee indicated SB 2047 enables them to write rules of Licensed Marriage and Family Therapists.

Senator Warner could we arrange SB 2047 to hit floor first and then do not pass this bill, and that it adequately is met in SB 2047.

Chairman Judy Lee indicated that would be an option, but would like a discussion of adding an amendment for an interim study for SB 2049. Sounds like updating for that. Benefit to department as well.

Chairman Judy Lee asked about study resolution in the House? No one responded. There is one in House judiciary (HB 1040). (19:10). Chairman Judy Lee asked what the status of the bill was. No study on it yet. Hearing on 01/13. House judiciary. That came from health care reform review and not from Human Services.

Chairman Judy Lee asked the intern, Femi, to work with Ms. Clark on language for study for subjects that are appropriate to be comprehensive but not too restrictive. This would require some Department of Human Services input.

Ms. Clark would you like Legislative Council management study or a department study.

Chairman Judy Lee answered a legislative management study. We could convert SB 2049 into a study.

Ms. Clark indicated that if "shall consider studying", you know the process it goes through. If you direct agency to evaluate this and report back, then you don't have to go through prioritization.

Sen. Axness agreed to have the department. This bill was result of an interim legislative study, so that would prolong this.

Senator Warner is it implied that they'll work with the Health Department. Would there be implications with red cross, police.

Ms. Clark indicated it depends how it is written.

Senator Warner from Department of Human Services standpoint, it will be mostly a reimbursement issue. We should add language "and others".

Ms. Clark asked for guidance. Then you want report from Department of Human Services with enough time for meaningful public comment. We can direct more than one agency and have Department of Human Services be the lead agency. Also courts and Health. Clark can provide amendments for us. This is for SB 2049. **Chairman Judy Lee** yes please.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2049
2/9/2015
23471

- Subcommittee
 Conference Committee

Committee Clerk Signature

Donald Mueller

Explanation or reason for introduction of bill/resolution:

Relating to inclusion of marriage and family therapists in definitions of mental health professionals.

Minutes:

Attach #1: Proposed Amendment
Attach #2: Written testimony by Ronald M. Burd, MD.

"Click here to type your minutes"

Two documents were distributed to the Senate Human Services Committee:

- Proposed amendment from Department of Human Services (attach #1)
- Electronic written testimony by Ronald M. Burd, MD (attach #2)

Maggie Anderson (DHS) went through the proposed new amendment (attach #1). It goes into more detail with the alignment of the professionals. Moved July 1, 2016 to August 1, 2016. Dr. McLean and Dr. Etherington will lead the discussion.

Chairman Judy Lee asked if this amendment replaces from 01/27?

Maggie Anderson (DHS) answered that is correct.

V. Chairman Oley Larsen asked if there has been a study before for Licensed Marriage and Family Therapists or is this new.

Maggie Anderson (DHS) this is one of the bills that came from the interim Human Services Committee. The study was not specific for Licensed Marriage and Family Therapists. This study is broader than that. It will look at if we are going to designate people who can do commitments, or are you going to look at their scope of practice and talk about what they can do within their scope. This specific area of statute has not been looked at in a long time.

Chairman Judy Lee reviewed prior testimony.

Senator Axness spoke in favor of the language. It takes three bills that are related, taking a group of people into responsibility that they didn't seem clear if they wanted to be in there, but scope of practice and training indicates they can. Having the Department of Human Services clarify this would help them.

Senator Axness moved to ADOPT AMENDMENT with the language provided by Department of Human Services in amendment 15.0285.01001. The motion was seconded by **Senator Howard Anderson, Jr.** No Discussion.

Roll Call Vote to Amend

6 Yes, 0 No, 0 Absent. Motion passed to amend.

Senator Axness moved DO PASS AS AMENDED for SB 2049. The motion was seconded by **Senator Warner.** No discussion.

Roll Call Vote to DO PASS As Amended

6 Yes, 0 No, 0 Absent. Motion passed Do Pass as Amended.

Senator Axness will carry SB 2049 to the floor.

February 10, 2015

710
2/10/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2049

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a department of human services study and report to the legislative management regarding statutory references to mental health professionals."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. STATUTORY REFERENCES TO MENTAL HEALTH PROFESSIONALS - REPORT TO LEGISLATIVE MANAGEMENT. During the 2015-16 interim, the department of human services, in consultation with the state department of health and other stakeholders, shall study statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the department of human services to provide services or license facilities. In addition, the department of human services shall study statutory language and report recommended changes in alignment with the most current professional standard or with most current diagnostic and statistical manual. Before August 1, 2016, the department of human services shall report to the legislative management the outcome of the study and together with any recommendations."

Renumber accordingly

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB2049**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0285.01002 Title 02000

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Axness Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB2049**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0285.01002 Title. 02000

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Axness Seconded By Warner

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Axness

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2049: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2049 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a department of human services study and report to the legislative management regarding statutory references to mental health professionals.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. STATUTORY REFERENCES TO MENTAL HEALTH PROFESSIONALS - REPORT TO LEGISLATIVE MANAGEMENT. During the 2015-16 interim, the department of human services, in consultation with the state department of health and other stakeholders, shall study statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the department of human services to provide services or license facilities. In addition, the department of human services shall study statutory language and report recommended changes in alignment with the most current professional standard or with most current diagnostic and statistical manual. Before August 1, 2016, the department of human services shall report to the legislative management the outcome of the study and together with any recommendations."

Renumber accordingly

2015 HOUSE HUMAN SERVICES

SB 2049

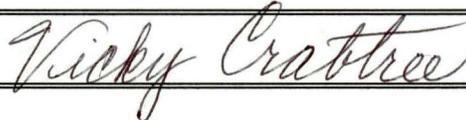
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2049
3/16/2015
Job #24928

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Provide for a DHS study regarding statutory references to mental health professionals

Minutes:

Testimony 1

Chairman Weisz opened the hearing on SB 2049.

Alex Cronquist: From Legislative Management provided information on this bill. (Read engrossed Senate Bill 2049.

1:56

Erica Cermak: Lobbyist for American Association for Marriage and Family Therapy testified in support of the bill. (See Testimony #1)

3:22

Chairman Weisz: Why did they decide to change the original bill which turned this into a study?

Cermak: It was because there were a few disciplines being added and that committee felt the definition was too broad and the thought this would be an attempt to shore up that language and make it functional for many disciplines.

Rep. Mooney: (microphone off so inaudible)

Cermak: We would support that yes.

NO OPPOSITION

Chairman Weisz closed the hearing on SB 2049.

Chairman Weisz: Let's look at 2049.

Rep. Fehr: This original bill was under definitions for doing commitment proceedings and simply added license and marriage family therapists to being mental health professionals

they could be part of that initial process not doing the examinations. The study to me doesn't make any sense at all. It talks about statutory references to mental health professions and then about the responsibilities of the DHS or licensed facilities. I don't know what the original had to do with licensed facilities and department aren't the only people who get involved in doing commitments. Where the Senate took this to a study is very confusing to me.

Chairman Weisz: It is definitely a hog house. The original was just to add one more line on who could do commitments.

Rep. Fehr: If the Senate didn't want to give us the bill, but wanted to give it to us in a form that we would kill, I think they succeeded.

Rep. Oversen: I am going to assume that the reason they amended it to include other references because it probably is not the only place in reference to mental health professional and defined as such in the code. If they weren't comfortable in making that change in the section of code, they wanted to look at other sections of code that also include that reference to see if there are other changes we should be making to expand the definition of mental health professional.

Chairman Weisz: I agree that would be definitely part of it.

Rep. Muscha: There were six of us on the interim committee and we tried to look at all avenues of how the state could address our severe shortages. I don't think this is bad as we didn't fix everything we were recommended to fix.

Chairman Weisz: Maggie would you come up. If we pass this, how would you interpret you would do?

Maggie Anderson: Director of DHS. The department was involved with the Senate as they explored what to do with this bill. The bill did ask for licensed marriage and family therapists to be included. There was some discussion on the Senate side of do we continue to have this definition of mental health profession? Mental health professionals kept saying I want to be added to that. Or, do we go to scope of practice for the individual practitioners? There were differing opinions on having licensed marriage family therapists being allowed to operate under this section of code. The Senate wanted to do something different and they asked the department if we would be willing to organize a study at looking at if there are other sections of code and far reaching is this.

Rep. Muscha: If this passes, would you see some of the issues we talked about during the interim, for example the requirements we put on licensed addiction counselors etc.

M. Anderson: No. This was specific to the mental professional piece and more the scope of practice and the activities they are doing as a result of being defined under that group.

Rep. Muscha: If you are talking scope of practice could you also not talk about some of the requirements of the education?

M. Anderson: A person could, but it broadens the study and makes it difficult for a department study.

Rep. Mooney: I think we have other study pieces tied to the behavioral/mental health. Would it be true if passed through, Legislative Management is going to look at the full package?

M. Anderson: This is a shell study and because it is assigned to the department it will happen.

Chairman Weisz: This one has to. If you don't want a whole lot of grief on the floor, you may want to consider a "shall consider".

Rep. Oversen: When it is a "shall consider" to the department is that typical?

Chairman Weisz: We are putting a load on Maggie is all.

Rep. Mooney: I motion a Do Pass on SB 2049.

Rep. Oversen: Second.

Rep. Fehr: I resist this motion. We started in one direction and is now shifting. I'm not convinced there is a problem to fix.

Chairman Weisz: You don't feel the department won't be able to look at where the scope of practice is not being utilized?

Rep. Fehr: I'm not sure what we want the department to do. If it is just consider under the commitment procedures, consider we look at scope of practice rather than having a mental health professional category. It still would be going into Century Code, but I think you would have all of the professions coming to you saying, ok, now put this into my scope of practice. I don't think we are fixing anything to go down that road.

Rep. Mooney: I would think that it is worthy and warranted of the full encompassing study piece.

ROLL CALL VOTE: 6 y 6 n 1 absent

MOTION FAILED

Rep. Rich Becker: I would feel better if we had a full committee before we vote again.

Chairman Weisz: We can table this till later. We are adjourned.

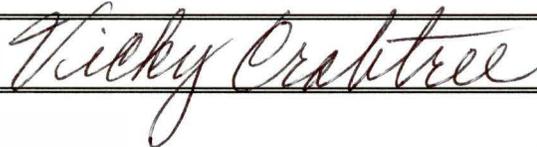
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2049
3/17/2015
Job #25019

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

Attachment 1

Chairman Weisz: Let's take up SB 2049.

Sen. J. Lee: If you are looking at the 1000 of 2049 it talks about including marriage and family therapists (LMFT) in the definition of mental health professionals. As we began the hearing and went on and on we had more and more different professionals who are licensed by their own licensing board and qualified and capable in their own areas and coming in and saying, well how about me? We decided instead of saying there is one umbrella that says qualified mental health professional it was smarter to say, what is the function that is needed in all of these areas and which scope of practice permits their licensees to do that work? The study is based on what the function is and how they can be best utilized and placed particularly because of looking at the expansion of LMFT's in their workforce lineup for some of these services. We were convinced this was in the wrong section because the first section 25-03.1-02 was commitment and another part of it is residential treatment centers. I encourage you not to go back to version 1000.

6:52

Chairman Weisz: Your intent in the study is that the department takes a look at the requirements of service in a particular area and look at the scope of practice of the various professionals then to see who fit those services?

Sen. J. Lee: And make sure they are using the right people at the highest extent possible in each of those areas. That is the best summary. It is not intended to be an interim study that brings another report to your committee or any other committee next time.

Rep. Muscha: The appendix A I handed out this morning. I spoke with one of the stakeholders that was on the stakeholders group and was encouraged to give this to you to look over. These are the key points that came out of the stakeholders group from the interim committee. (See Attachment 1)

Rep. Mooney: I move a Do Pass on engrossed SB 2049.

Rep. Muscha: Second.

House Human Services Committee

SB 2049

March 17, 2015

Page 2

Rep. Seibel: I voted no this morning and I'm going to change to a yes vote and let them go forward with the study if it passes.

ROLL CALL VOTE: 13 y 0 n 0 absent

MOTION CARRIED

Bill Carrier: Rep. Muscha

Date: 3-16-15
 Roll Call Vote #: 1

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2049**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Mooney Seconded By Rep. Oversen

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz		✓	Rep. Mooney	✓	
Vice-Chair Hofstad		✓	Rep. Muscha	✓	
Rep. Bert Anderson		✓	Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker		✓			
Rep. Damschen	✓				
Rep. Fehr		✓			
Rep. Kiefert	✓				
Rep. Porter	A				
Rep. Seibel		✓			

Total (Yes) 6 No 6

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent: Motion Failed

Date: 3-17-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2049

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. Mooney Seconded By Rep. Muscha

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Muscha

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2049, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2049 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

SB 2049

Senate Bill 2049
Senate Human Services Committee
Judy Lee, Chairman
January 13, 2015

#1
SB2049 01/13/15
J#21905

Madam Chairmen Lee and members of the Senate Human Services Committee:
My name is Emily Coler Hanson and I am a licensed marriage and family therapist (LMFT) in North Dakota. I work at Prairie St. John's in Fargo as a child and adolescent therapist in the partial hospitalization program for kids on the autism spectrum, and I meet with several families each week that have children in crisis due to mental health issues. I have also worked for the Village Family Service Center in the past as an in-home therapist and for Southeast Human Service Center both as a Partnerships Care Coordinator and as a Transition Facilitator. I serve as the President of the North Dakota Association of Marriage and Family Therapists, and I am currently working on national accreditation to supervise newly licensed marriage and family therapists.

As a therapist who works with children from across North Dakota who are at the highest risk for severe emotional and behavioral issues and, as a result, headed down the path of being removed from their homes in order to receive proper care, I see the struggles firsthand that families face when they are not able to find the mental health care their children need. Having a family perspective when working with children is vital to the success of the care they receive. Parents are included in many aspects of their children's lives and mental health should be as important as any other healthcare decision the family makes.

At this time LMFT's are included in the century code as a professional license and association (Code 43-53), yet other sections of the Century Code were not changed to reflect this law and, therefore, limit these families' access to proper—

and qualified—mental health care. Including LMFT's as qualified mental health professionals is a simple change that will lead to meaningful, lasting and life-altering benefits for children and families across our state and increase the quality of care through a multidisciplinary approach.

As you consider your support for this bill, I ask that you to think of these children and their families who are facing major mental health care challenges... challenges I, and my fellow LMFTs, are professionally trained to address.

On behalf of my fellow mental health professionals, I am strongly encouraging you to support Senate Bill 2049.

I thank you for the opportunity to testify before you today.

2 01/13/15
SB2049 # 2
J# 21905

Madam Chairman Lee and members of the Human Service Committee, my name is Kelly Olson and I am testifying in support of bill #2049. Bill #2049, if approved, will add Licensed Marriage and Family Therapists (LMFT) to the definition of Mental Health Professional.

Let me begin by telling you more about who I am. I was born, raised, and have lived in ND all my life. I grew up in Lisbon ND, attended undergraduate and graduate college at NDSU, and currently reside in Casselton ND. I obtained my Bachelors of Science and Master's degree in Child Development and Family Science, with an emphasis in Marriage and Family Therapy for my graduate program. I have been licensed as a Marriage and Family Therapist in the state of Minnesota since 2004 and in North Dakota since 2009. I have been practicing in the field since 1999 and have worked at The Village Family Service Center during this time. I am currently a Division Director of Behavioral Health Services at the Village with one of my responsibilities being the clinical supervision of all children's outpatient therapy services in Fargo and Moorhead. In 2014, The Village served 932 ND children in all of our offices. Of those children, 153 children have MA as their primary insurance provider.

In my testimony I will address qualifications, effectiveness and mental health access.

Qualifications and Effectiveness

Qualifications- Licensed Marriage and Family Therapist qualifications have already been scrutinized by the ND Legislature. In 2005, North Dakota legislature examined, heard testimony and ruled that Marriage and Family Therapy should be a license in ND. Not only was marriage and family therapy now considered a license, but clear rules were established to govern scope of practice, ability to diagnose, education, experience and many other important rules intended to protect the public. Within these rules, it was declared that LMFTs are able to diagnose and treat clients. I implore this committee to simply address the inconsistencies of licensure without reimbursement and vote "do pass" of this bill.

Effectiveness- Every professional mental health discipline has its unique perspective and therefore no other discipline examines and treats mental health disorders like the field of marriage and

family therapy. LMFTs look at the individual and his or her diagnosis but also include the family unit. The inclusion of the family unit in the assessment and treatment process is vital. According to the American Association for Marriage and Family Therapy; family therapy has been more successful than any other form of outpatient therapy in retaining adolescents with drug abuse problems in treatment and in reducing their drug abuse. Marriage and family therapy is effective because of how LMFTs encourage family participation, seek information from family members about the individual(s) disorder, and encourage the family members in ways they can support the treatment process for the individual. Recent research has proven LMFTs success in working with youth struggling with depression. Beach and Whisman's (2012), research investigated the impact of parent training on adolescent depression. All of their studies (5 in total) suggest that participation in parent training led to both enhanced parenting skills but more profoundly, a reduction in the adolescent's depression symptoms. Given the increased attention to depression and youth, suicide, and school tragedies; can we ignore this research?

Mental Health Access Issues- Most of you either was involved with or has read the results of the extensive information gained by the Schulte Report. This report clearly outlined the lack of mental health providers and incredible need for mental health services in ND. This report made several recommendations to improve the mental health crisis in ND. One of the recommendations was to include licensed marriage and family therapist as mental health providers in the delivery of mental health services in ND. Other entities such as the National Alliance on Mental Illness (NAMI) have evaluated ND's health care system for serious mental illness. According to NAMI, ND has received a letter grade of "F", with access being one of the main factors. It is clear we have to improve our mental health services in ND. Passing this bill will not only improve mental health access issues but also improve effectiveness. Improved access means more people who need services will get the care they require. This also will increase costs for third party providers. However, limiting access to behavioral

Testimony of Kelly Olson Bill #2049

health care services is not the answer to controlling insurance costs as untreated mental health issues are much more expensive to society. Thirty seven states, the Department of Defense, the VA, Indian Health Services, HRSA and many other entities all recognize licensed marriage and family therapists as mental health professionals. I have included a fact sheet that outlines these entities. Those who may express concerns are, frankly, out of sync with the current status of LMFTs in the behavioral health continuum of services.

In Conclusion-

I understand that this committee must carefully weigh the issues of passing this bill. I offer my testimony as evidence that all the elements point in the direction of approval of Bill #2049. I believe my testimony confirms that LMFTs are both qualified and deserving of the status of "Mental Health Professional". I ask you to support this bill for the betterment of ND residents. This bill will increase diversity of services provided to individual and families, improve mental health access, and create professional equality for LMFTs.

I currently reside in ND and feel that this bill directly impacts my everyday work, life, career opportunities and the people of ND. Thank you for allowing me to submit my testimony today.

Sincerely,

Kelly Olson, MS LMFT

(Beach, S. R. H., & Whisman, M. A. (2012). Affective disorders. Journal of Marital and Family Therapy, 38(1), 201-219.)

American Association for Marriage and Family Therapy. Family Therapists Effectively Treat Severe Mental Illness.

Grading the States, A Report on America's Health Care System for Serious Mental Illness.

NAMI. www.nami.org.

From: Kelly Olson [<mailto:kolson@thevillagefamily.org>]

Sent: Tuesday, January 13, 2015 4:19 PM

To: Larsen, Oley L.; Lee, Judy E.; Axness, Tyler; Dever, Dick D.; Warner, John M.

Subject: Support for Bill #2049

Senator Lee and Human Service Committee,

Thank you for the opportunity to testify today in support of Bill #2049. I know this is a complicated process with lots of detail. I wanted to send this email to offer my assistance in the matter that Senator Lee referenced during the hearing. Senator Lee indicated that it might be necessary to get a group of people together to discuss some of the issues that were presented today. I would be more than happy to meet with the committee, Blue Cross Blue Shield, Department of Human Service or any other entity this committee deems necessary. I feel strongly that there are opponents to this Bill that do not fully understand the scope, education, and expertise of LMFTs. Many of the opposition comments today were inaccurate and frankly not the issue we were there to address. Opposition continues to dwell on expertise and education when this has already been established and written in the Century Code (legis.nd.gov/cencode/t43c53). Below referenced for your convenience:

4. "Licensed marriage and family therapist" means an individual who holds a valid license issued under this chapter.

5. "Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.

6. "Practice of marriage and family therapy" means the rendering of marriage and family therapy services to individuals, couples, and families, singly or in groups, whether the services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise.

Please let me know how I could be of assistance as I would be more than happy to assist in resolving these issues between entities. Thank you again for your time.

Kelly Olson, MS LMFT
Division Director of Behavioral Health Services
The Village Family Service Center
701-451-4831

Attach #3
SB2049 01/13/15
J#21905

FEDERAL GOVERNMENT RECOGNITION OF MFTS

from Kelly Olson

- **HRSA Recognizes MFTs as Core Mental Health Professionals**
The Public Health Service Act recognizes marriage and family therapists as a core mental health profession under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration (HRSA). The program identifies geographic areas that have a shortage of mental health professionals. Other core professionals are psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurse specialists. (42 CFR Part 5)
- **NHSC Recognizes MFTs as Behavioral and Mental Health Professionals**
The National Health Service Corps (NHSC) defines marriage and family therapy as a “behavioral and mental health professional” for purposes of participating in the NHSC Scholarship and Loan Repayment Programs. These programs are designed to provide health care services to underserved populations. (42 U.S.C. 254d)
- **DOD Recognizes MFTs as Health Care Providers**
The Department of Defense identifies marriage and family therapists as “health-care professionals” who are authorized to provide direct patient care and who may contract with the DoD for personal service contracts. (10 USCS § 1094 & 10 USCS § 1091)
- **DOE Recognizes MFTs for School Early Intervention Services**
The Department of Education, in the Individuals with Disabilities Education Act, designates marriage and family therapists as qualified providers of early intervention services to infants and toddlers with a disability. (20 U.S.C.A s 1432)
- **DOE Designates COAMFTE as Accrediting Body for MFT Programs**
The Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy.
- **CHAMPUS/TRICARE Reimburses MFTs**
CHAMPUS/TRICARE, the federal health care program for members of the uniformed services and their families, reimburses MFTs as independent extramedical individual providers who do counseling or nonmedical therapy.
(32 CFR 199.6 / TRICARE Standard Provider Handbook)
- **Department of Defense Reimburses MFTs**
The Department of Defense identified MFTs as clinical practitioners eligible for credentialing and independent privileging in DON Family Service Centers and Family Advocacy Program Centers. (SECNAVINST 1754.7)
- **CSAT Approves Grants for MFT Programs**
The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) designated marriage and family therapy graduate programs as appropriate for receipt of grants to increase the number of mental health professionals providing treatment services.
(42 U.S.C.A s 290bb-5)
- **Indian Health Service Recognizes MFTs**
The Indian Health Service authorizes licensed marriage and family therapists to provide mental health care services to Indians in a clinical setting, along with psychologists and social workers. (25 U.S.C.A. s 162h(1))

Testimony SB 2049 Senate Human Services Committee (IN FAVOR)
Wednesday, January 13, 2015, 10:00 AM

~~SB~~ 01/13/15
Attach #4
J# 21905
SB2049

Rev. Larry J. Giese
3910 Lewis Road NW
Mandan, ND 58554, District #31, 701-400-8943

TO: Senator Judy Lee, Chair, Senators Oley Larsen, Senator Howard C. Anderson, Jr., Senator Tyler Axness, Senator Dick Dever, Senator John Warner

I am Rev. Larry Giese. I have served on the North Dakota Marriage and Family Therapy Licensure Board (NDMFTLB) since the licensing bill passed the Legislative Assembly in 2005. I was appointed to the Board in 2006. I have served as Board President for the past four years. My appointed term has expired and now I serve as Board Administrator.

I stand in favor of SB 2047 as it is a means to update the North Dakota Century Code to include Licensed Marriage and Family Therapists (LMFT's) among the recognized mental health providers in North Dakota. It is a critical change to update the North Dakota Century Code for licensed marriage and family therapists, and the opportunity to become a part of the workforce in the recognized mental health field. My concerns follow:

NDCC 43-53.01 and Administrative Title 111-02-02-02. rules govern the Board. The law and rules are rigorous and extensive to regulate the field of marriage and family therapy in North Dakota. This Board verifies the education, supervision, and supervised experience hours of the practicum and post-graduate experience of applicants for licensure. A national examination must be passed. Once licensed, licensees must complete Continuing Education to maintain competency in the practice of marriage and family therapy and follow a code of ethics, which if violated, the licensee is subject to discipline. The skill sets of licensees are similar to colleagues in the mental health field, however reflect the unique approach to treatment by implementing family and relational theory. A mandatory federal background check is conducted.

Education. A minimum of a Master's Degree or higher is required. The accreditation standards of the Commission on Accreditation for Marriage and Family Therapy Education and the Council for Accreditation of Counseling and Related Educational Programs are employed. All training must include clinical training in the assessment, diagnosis, and treatment of major mental health issues. This is conducted in a three semester hour class in the first year of study before students are eligible for practicum (9 semester hours, 500 hours of direct client contact) and post-degree supervision (1,000 hours of direct client contact). Included in this accreditation is The Association of Marriage and

Family Regulatory Boards has established a minimum of 48 semester credits for a Master's degree for portability of licenses between states. In North Dakota a graduate receives a minimum of 59 semester credits. Original transcripts must be sent from the university directly to the Board to comply with primary resource verification standards.

Supervision. Licensees are supervised by Board Approved Supervisors or American Association of Marriage and Family Therapy Approved Supervisors. Supervisors have completed the minimum standards or higher for providing supervision at the university practicum and post-graduate work experience. Supervisors are responsible for the continued clinical training in the assessment, diagnosis, and treatment of major mental health issues within the context of individual and relational therapy.

Practicum and Post-graduate Supervised Experience. While accruing experience for licensure, licensees have a 1:5 ratio of supervision hours to experience hours. The experience ranges for an onsite therapy center on the campus of the university or in local agencies and private practices. Licensees are approved for licensure upon accruing 2,000 hours, of which 1,500 hours are direct client contact with individuals, couples, and families in a minimum of two years to four years. These are face to face, client to therapist, in session hours, not just employment hours.

Continuing Education. 30 hours per licensure period are required to maintain competency. Of these 30 hours, 6 must be in coursework on ethics, and if a supervisor, 3 hours must be in coursework on supervision.

Code of Ethics. A strict code of ethics is followed by all licensees. If a licensee is found to be in violation disciplinary actions will be taken ranging from a fine to revocation of the license.

It is the Board's responsibility to assure the public that licensees have completed the education and experience requirements for licensed marriage and family therapy and maintain a core competency for the scope of practice as outlined in NDCC 43-53.

With rigorous and extensive classroom, practicum, and post-graduate supervision and experience hours noted, I believe Licensed Marriage and Family Therapist are well qualified to be included in the definitions of Mental Health Professionals in North Dakota.

Thank you for this opportunity to bring this information before the Human Services Committee today. For any questions please contact me.

Comparison of MFT, Counseling and SW licensure in North Dakota

Terminal Licensure	Licensed Marriage and Family Therapist (LMFT)	Licensed Professional Clinical Counselor (LPCC)	Licensed Independent Clinical Social Worker (LICSW)
Scope of practice	"Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders." NDCC 43-53-01	"Counseling" means the application of human development and mental health principles in a therapeutic process and professional relationship to assist individuals, couples, families, and groups in achieving more effective emotional, mental, marital, family, and social or educational development and adjustment. The goals of professional counseling are to: <ul style="list-style-type: none"> a. Facilitate human development and adjustment throughout the lifespan; b. Prevent, assess, and treat emotional, mental, or behavioral disorder and distress which interferes with mental health; c. Conduct assessments for the purpose of establishing treatment goals and objectives; and d. Plan, implement, and evaluate treatment plans using professional counseling strategies and interventions. NDCC 43-47-01	"Social work practice" consists of the professional application of social work values, principles, and techniques in helping people obtain tangible services; counseling; psychotherapy with individuals, families, and groups; helping communities or groups to improve social and health services; providing social casework; directly supervising programs providing social work services; social work education; social work research; or any combination of these. The practice of social work requires knowledge of human development and behavior, of social, economic, and cultural institutions, and the interaction of all these factors." NDCC 43-41-0
Minimum Education	Master's degree	Master's degree	Master's Degree
Experience	2,000 supervised hours, including a minimum of 1,500 hours of clinical client contact including the assessment, diagnosis, and treatment of mental illness.	3,000 hours of post-graduate clinical supervision 700 hours of clinical training in clinical setting	3,000 post-degree supervised clinical social work experience
Examination	National exam	National exam	National exam
Supervisors	Additional requirements for supervisors include a minimum of 3,000 hours experience, completion of 30 hours of supervisor training, and 3 hours of supervisor continuing education per licensure period.	Supervisors must be licensed professional clinical counselors.	Supervisors must be licensed independent clinical social workers.
Continuing Education	30 hours of continuing education every two years, of which six hours must be ethics.	30 hours of continuing education, with at least ten hours of continued professional education primarily focused on clinical counseling, every two years.	30 hours of continuing education every two years, of which two hours must be ethics.

Marriage and Family Therapist Training Requirements and Competence in Assessment and Diagnosis of Mental Health and Behavioral Disorders

North Dakota Century Code

<http://www.legis.nd.gov/cencode/t43c53.pdf?20150112163239>

CHAPTER 43-53

MARRIAGE AND FAMILY THERAPY PRACTICE

43-53-01. Definitions.

5. "Marriage and family therapy" means the *diagnosis and treatment of mental and emotional disorders*, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to *individuals*, couples, and families *for the purpose of treating such diagnosed nervous and mental disorders*.

North Dakota Administrative Code

<http://www.legis.nd.gov/information/acdata/pdf/111-02-02.pdf?20141216113922>

History: Effective July 1, 2010.

General Authority: NDCC 28-32-02, 43-53-05

Law Implemented: NDCC 43-53-06

111-02-02-02. Educational requirements - Determination of equivalent degree

Administrative Rule 111 2.a

a. Nine semester hours in human development covering human development, human behavior, personality theory, human sexuality, *psychopathology including the diagnosis of mental illness, and behavior pathology*;

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Educational Guidelines

http://www.aamft.org/imis15/Documents/COAMFTE/Accreditation%20Resources/Accreditation%20Standards_Version%2011_style%20update%202013.pdf

102. Area II: Clinical Knowledge

102.01 Area II content will address, from a relational/systemic perspective, psychopharmacology, physical health and illness, *traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues*.

Attach # 7 01/13/15
J# 21905 SB2049



**American Association for
Marriage and Family Therapy**

Advancing the Professional Interests
of Marriage and Family Therapists

112 South Alfred Street
Alexandria, VA 22314
Telephone: (703) 838-9808
Fax: (703) 838-9805
Website: www.aamft.org

Marriage and Family Therapy Core Competencies© December, 2004

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: *Mental Health: A Report of the Surgeon General*; the President's New Freedom Commission on Mental Health's *Achieving the Promise: Transforming Mental Health Care in America*; and the Institute of Medicine's *Crossing the Quality Chasm*. The AAMFT mapped the competencies to critical elements of these reports, including IOM's 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable. The committee also considered how social, political, historical, and economic forces affect individual and relational problems and decisions about seeking and obtaining treatment.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 128 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

- 1) **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
- 2) **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
- 3) **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
- 4) **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
- 5) **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- 6) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

Although not expressly written for each competency, the stem "Marriage and family therapists..." should begin each. Additionally, the term "client" is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term "family" is used generically to refer to all people identified by clients as part of their "family system," this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.

Domain 1: Admission to Treatment

1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy
1.1.3	Conceptual	Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.
1.1.4	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
1.2.1	Perceptual	Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5	Executive	Obtain consent to treatment from all responsible persons.
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.
1.4.1	Evaluative	Evaluate case for appropriateness for treatment within professional scope of practice and competence.
1.5.1	Professional	Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
1.5.2	Professional	Complete case documentation in a timely manner and in accordance with relevant laws and policies.
1.5.3	Professional	Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

Domain 2: Clinical Assessment and Diagnosis

2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.4	Conceptual	Comprehend individual, marital, couple and family assessment instruments appropriate

		to presenting problem, practice setting, and cultural context.
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.1.6	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.7	Conceptual	Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.
2.2.1	Perceptual	Assess each clients' engagement in the change process.
2.2.2	Perceptual	Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
2.2.3	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.4	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.
2.2.5	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.2	Executive	Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.3	Executive	Apply effective and systemic interviewing techniques and strategies.
2.3.4	Executive	Administer and interpret results of assessment instruments.
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
2.3.8	Executive	Identify clients' strengths, resilience, and resources.
2.3.9	Executive	Elucidate presenting problem from the perspective of each member of the therapeutic system.
2.4.1	Evaluative	Evaluate assessment methods for relevance to clients' needs.
2.4.2	Evaluative	Assess ability to view issues and therapeutic processes systemically.
2.4.3	Evaluative	Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.
2.5.1	Professional	Utilize consultation and supervision effectively.

Domain 3: Treatment Planning and Case Management

3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.
3.1.2	Conceptual	Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.
3.1.3	Conceptual	Understand the effects that psychotropic and other medications have on clients and the treatment process.
3.1.4	Conceptual	Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step

		programs, peer-to-peer services, supported employment).
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2	Executive	Prioritize treatment goals.
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.
3.3.4	Executive	Structure treatment to meet clients' needs and to facilitate systemic change.
3.3.5	Executive	Manage progression of therapy toward treatment goals.
3.3.6	Executive	Manage risks, crises, and emergencies.
3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
3.3.8	Executive	Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9	Executive	Develop termination and aftercare plans.
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.
3.4.3	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of practice setting.
3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
3.5.1	Professional	Advocate with clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2	Professional	Participate in case-related forensic and legal processes.
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.

Domain 4: Therapeutic Interventions

4.1.1	Conceptual	Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
4.2.2	Perceptual	Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.2	Executive	Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
4.3.3	Executive	Reframe problems and recursive interaction patterns.
4.3.4	Executive	Generate relational questions and reflexive comments in the therapy room.
4.3.5	Executive	Engage each family member in the treatment process as appropriate.
4.3.6	Executive	Facilitate clients developing and integrating solutions to problems.

4.3.7	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.8	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
4.3.9	Executive	Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.10	Executive	Modify interventions that are not working to better fit treatment goals.
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.
4.3.12	Executive	Integrate supervisor/team communications into treatment.
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
4.4.2	Evaluative	Evaluate ability to deliver interventions effectively.
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.
4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
4.4.6	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
4.5.3	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

Domain 5: Legal Issues, Ethics, and Standards

5.1.1	Conceptual	Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
5.1.3	Conceptual	Know policies and procedures of the practice setting.
5.1.4	Conceptual	Understand the process of making an ethical decision.
5.2.1	Perceptual	Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.2.3	Perceptual	Recognize when a legal consultation is necessary.
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2	Executive	Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6	Executive	Report information to appropriate authorities as required by law.

5.3.7	Executive	Practice within defined scope of practice and competence.
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9	Executive	Obtain license(s) and specialty credentials.
5.3.10	Executive	Implement a personal program to maintain professional competence.
5.4.1	Evaluative	Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2	Evaluative	Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
5.5.1	Professional	Maintain client records with timely and accurate notes.
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
5.5.3	Professional	Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.
5.5.4	Professional	Bill clients and third-party payers in accordance with professional ethics, relevant laws and polices, and seek reimbursement only for covered services.

Domain 6: Research and Program Evaluation

6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.
6.1.3	Conceptual	Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
6.2.1	Perceptual	Recognize opportunities for therapists and clients to participate in clinical research.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.2	Executive	Use current MFT and other research to inform clinical practice.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation in the literature.
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.
6.5.1	Professional	Contribute to the development of new knowledge.

MFT Educational Guidelines

1. Standard Curriculum

- 1.01 The program will document that all students have completed, or will complete while in the program, all coursework and clinical requirements of the Standard Curriculum, or equivalents thereof. A transcript of completed requirements will be kept on file.
- 1.02 A master's degree program will offer to its students the entire Standard Curriculum as presented in these guidelines, or equivalents thereof.

10. Standard Curriculum Didactic Area Requirements

- 10.01 Programs are expected to infuse their curriculum with content that addresses issues related to diversity, power and privilege as they relate to age, culture, environment, ethnicity, gender, health/ability, nationality, race, religion, sexual orientation, spirituality, and socioeconomic status.
- 10.02 The Standard Curriculum will address appropriate collaboration with other disciplines.

101. Area I: Theoretical Knowledge

- 101.01 Area I content will address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy.
- 101.02 Area I content will enable students to conceptualize and distinguish the critical epistemological issues in the profession of marriage and family therapy.
- 101.03 Area I material will provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy.

102. Area II: Clinical Knowledge

- 102.01 Area II content will address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues.
- 102.02 Area II content will address contemporary issues, which include but are not limited to gender, sexual functioning, sexual orientation, sex therapy, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective.
- 102.03 Area II material will address a wide variety of presenting clinical problems.

103 Area III: Individual Development and Family Relations

103.01 Area III will include content on individual and family development across the lifespan.

104. Area IV: Professional Identity and Ethics

104.01 Area IV content will include professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification.

104.02 Area IV content will focus on ethical issues related to the profession of marriage and family therapy and the practice of individual, couple, and family therapy. A generic course in ethics does not meet this standard.

104.03 Area IV will address the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy.

105. Area V: Research

105.01 Area V content will include significant material on research in couple and family therapy.

105.02 Area V content will focus on research methodology, data analysis and the evaluation of research.

105.03 Area V content will include quantitative and qualitative research and its methods.

106. Area VI: Additional Learning

106.01 Additional learning will augment students' specialized interest and background in individual, couple, and family therapy. Additional courses may be chosen from coursework offered in a variety of disciplines.

20. Standard Curriculum Clinical Experience Requirements

201. Contact Hours

201.01 Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact.

201.02 Traditionally, programs have required students to complete 500 supervised, direct client contact hours. The program may choose to uphold the 500 client contact

hour standard. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students.

- 201.03 At least 250 hours (of the required 500 hours of client contact or alternative procedures outlined in 201.02) will occur in clinical facilities for which the program has broad, but not necessarily sole, responsibility for supervision and clinical practice of individual, couple, and family therapy as carried out by the program. The facilities will offer services to the public.
- 201.04 At least 250 (of the required 500 hours of client contact or alternative procedures outlined in 201.02) will be with couples or families present in the therapy room. If the program chooses to require less than 250 relational hours it must use the alternative procedures outlined in 201.02.
- 201.05 Published promotional materials will inform applicants that they must complete 500 direct client contact hours or apply alternative procedures outlined in 201.02.
- 201.06 The program will publish and adhere to criteria for determining when students are prepared for clinical practice.
- 201.07 Students will work with a wide variety of people, relationships, and problems. Specifically, the program will demonstrate that students have the opportunity to work with clients who are diverse in terms of age, culture, physical ability, ethnicity, family composition, gender, race, religion, sexual orientation and socioeconomic status.
- 202. Supervision**
- 202.01 Supervision of students, when conducted in fulfillment of clinical requirements of these standards, will be face-to-face or live supervision conducted by AAMFT Approved Supervisors, Supervisor Candidates, or the equivalent.
- 202.02 A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor Candidate. A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if (1) the program documents that the equivalent supervisor has demonstrated training, education and experience in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in individual, couple, and family therapy, and (2) demonstrated training, education and experience in individual, couple, and family therapy supervision. This may be demonstrated by state credential to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10

years experience supervising MFT students. (Equivalency criteria must include training in MFT supervision.)

- 202.03 Individual supervision is defined as supervision of one or two individuals.
- 202.04 Group supervision is required and will not exceed ten students per group.
- 202.05 Supervision will be distinguishable from psychotherapy and teaching.
- 202.06 Students will receive at least 100 hours of face-to-face supervision. If the program chooses to require less than 100 supervision hours it must use the alternative procedures outlined in 201.02.
- 202.07 Students will receive at least one hour of supervision for every five hours of direct client contact.
- 202.08 Supervision will occur at least once every week in which students have direct client contact hours.
- 202.09 Individual supervision will occur at least once every other week in which students have direct client contact hours.
- 202.10 Students will receive at least 50 hours of supervision based on direct observation, videotape, or audiotape. At least 25 hours of this supervision will be based on direct observation or videotape. If the program chooses to require less than 50/25 hours of supervision as outlined above it must use the alternative procedures outlined in 201.02.

3. Doctoral Programs

30. Didactic Requirements

- 30.01 Doctoral programs will have available and will offer the Standard Curriculum to all students who have not graduated from a master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education.

300. Areas VII, VIII, IX: Theory, Clinical Practice and Individual Development and Family Relations

- 300.01 Areas VII, VIII, IX are continuations of Areas I, II, and III, respectively, at a doctoral level of sophistication.

310. Area X: Clinical Supervision

- 310.01 Area X course content will be didactic and experiential, and will include current literature, research and major issues related to supervision in the profession of marriage and family therapy.

311. Area XI: Research

- 311.01 Course content in Area XI will provide comprehensive coverage of the critique and execution of couple, marriage, and family therapy research, statistics, research methodologies, and computer analysis and interpretation, in qualitative and quantitative research.
- 311.02 Students will take a minimum of one course with a specific focus on couple, marriage, and family therapy research.

312. Area XII: Additional Courses

- 312.01 Additional courses will augment students' specialized interests and backgrounds in couple, marriage, and family therapy. Additional courses may be chosen from coursework offered in a variety of disciplines.

313. Doctoral Dissertation

- 313.01 The doctoral dissertation topic will be in the field of marriage and family therapy or a closely related field (e.g., family studies, family science, human development, child development, gerontology) and include a comprehensive discussion of implications for the field of marriage and family therapy.

320. Clinical Experience

- 320.01 Before graduating from the doctoral program, doctoral students will have completed 1000 hours of direct client contact equivalent to that which they would be receiving from an accredited program. If the program chooses to require less than 1000 hours it must use the alternative procedures outlined in 201.02.
- 320.02 The program will have established criteria for accepting direct client contact and supervision hours accumulated prior to entering the doctoral program. These criteria are consistent with the requirements set forth in the Standard Curriculum.

330. Internship

- 330.01 There will be an internship, not to be counted toward the didactic course requirements.
- 330.02 The internship is to provide doctoral students with a supervised full-time experience of at least nine months duration, emphasizing relationally focused practice and/or administrative/academic/research.
- 330.03 The majority of requirements in Areas VII, VIII, IX, and XI will be completed before the beginning of the internship.
- 330.04 An AAMFT Approved Supervisor, State Approved Supervisor, or the equivalent will supervise the intern's clinical work.

340: Site Requirements

- 340.01 The program will maintain clear and ongoing relationships with all internship site(s), which will be specified in a written document.
- 340.02 Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program.
- 340.03 The institution sponsoring the internship site(s) will have been in operation for at least two years.
- 340.04 Internship site(s) will provide adequate facilities and equipment for the intern to carry out designated responsibilities.
- 340.05 Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern's performance, will be demonstrated.
- 340.06 Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site(s), the marriage and family therapy program, or the intern.
- 340.07 Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status.
- 340.08 The internship supervisor will be available to the intern for at least one hour of supervision per week.
- 340.09 The internship supervisor will be clearly senior in experience to the intern.

Attach # 19
SB 2049
01/13/15

SENATE BILL NO. 2049

Mr. Chairman, Members of the North Dakota Senate Human Services Committee;

My name is Gregory Ian Runge. I am an attorney practicing law in the South Central District and for the past twenty-five (25) years I have been practicing mental health law in Burleigh and Morton Counties. I am contracted with these two counties to provide legal representation to those respondents who are alleged to be mentally ill, chemically dependent and requiring treatment.

I am here today to speak in opposition to Senate Bill No. 2049. As the bill is presently written, it merely adds “[a] licensed marriage and family therapist” to the list of mental health professionals under subsection 10 of section 25-03.1-02 of the North Dakota Century Code.

The problem here is that there are no qualifications required to be included as a mental health professional in the context of an involuntary commitment. If you look at the Mental Health professional definitions under subsection 10, you’ll see that each of the professionals listed, have defined qualifications, while

"Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.

See, N.D. Cent Code 43-53-01 §§5 (2013).

The problem is that a licensed marriage and family therapist is only able to treat "mental and emotional disorders, whether cognitive, affective, or behavioral, within the **context of marriage and family systems,**" but not within the confines of the involuntary commitment statute. (Emphasis added.) I believe these therapist are not qualified to testify as a mental health professional due to the lack of qualifications as opposed to the qualifications required of the present list of mental health professionals.

I thank you for your time and would answer any questions you may have.

Gregory Ian Runge

Attach II 10
SB 2049 01/13/15
J# 21905

Testimony of Elizabeth Faust

S.B. 2049

Human Services Committee

January 13, 2015

Madam Chair and committee members, my name is Elizabeth Faust. I am the Senior Medical Director for Behavioral Health for Blue Cross Blue Shield North Dakota (BCBSND).

This bill seeks to amend subsection 10 of section 25.03.2 NDCC relating to residential treatment centers for children, seeking to include Licensed Marriage and Family Therapists (LMFT) in the definition of "Mental Health Professional".

This would include LMFTs as one of the "Qualified mental health professionals" authorized to provide clinical supervision of the individual treatment plans for children being treated for mental illness in psychiatric residential treatment centers.

The bill also seeks to amend section 32-03-48 relating to critical incident stress debriefing to include LMFTs as "Mental health personnel" authorized to perform as members of a critical incident stress management team.

Blue Cross Blue Shield of North Dakota opposes the expansion of these definitions including LMFTs as providers for these services. Training for LMFTs is designed to develop expertise in the understanding and treatment of family systems and relationships. The training is not

intended to develop expertise in independent diagnosis and treatment of individual psychopathology.

Definitions from Century Code

Century Code Chapter 43-53 Marriage and Family Therapy Practice, 43-53-01 Definitions:

5. "Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective or behavioral, *within the context of marriage and family systems*. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples and families for the purpose of treating such diagnosed nervous and mental disorders.

6. "Practice of marriage and family therapy" *means the rendering of marriage and family therapy services to individuals, couples, and families, singly or in groups*, whether the services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise.

Training

Training for LMFTs in the professional application of psychotherapeutic and family systems theories and techniques is intended to treat couples and families, and the focus on individuals is only in the context of that couple or family system. A marriage and family therapist is well equipped to help a family cope and adapt to the challenges of an individual member who happens to have a mental illness condition, but their training does not develop expertise in

diagnosis and treatment of that individual member's psychopathology. LMFT training is not intended or sufficient to develop independent ability to diagnose individual brain-based medical conditions such as depression, psychosis, autism, addictions or eating disorders; nor does it prepare the clinician to develop individualized treatment plans, coordinate evidence-based biopsychosocial interventions for such conditions, or independently manage crisis situations associated with presentation of an individual's mental health condition.

Impact on S.B.2049

This bill seeks to add LMFT's to the professional providers who, as qualified mental health professionals, can independently "provide clinical supervision of the individual treatment plan" and coordinate the comprehensive interdisciplinary care needs of mentally ill children in a psychiatric residential treatment facility. LMFT's can provide the important component of diagnosing and treating the family relationship dysfunction and the child's role in that, but are not prepared by training to provide comprehensive interdisciplinary diagnostic assessment of the individual child.

This would be analogous to the following "real world" example. In building a home, a general contractor is responsible for identifying all of the materials and services needed, assembling the necessary materials and engaging all of the individual experts needed: electricians, plumbers, framers, etc. The contractor must independently stage the timing and coordination of the work, recognize and resolve unanticipated problems and make constant adjustments to the overall plan. The contractor is like the qualified mental health professional in the residential

treatment of a mentally ill child. Expecting a licensed marriage and family therapist to perform as the general contractor would be like expecting the electrician to function as the general contractor in building a house. The electrician is an important and necessary component of the project, but does not have the training or experience to manage and coordinate the overall project.

Access to Care

It is argued that this proposed amendment would expand the number of mental health professionals available to serve patients in North Dakota, particularly in rural areas with acute needs for more service. Based on our data analysis at Blue Cross Blue Shield North Dakota, that is an unlikely outcome. The distribution of LMFT providers and the BCBSND members they served in 2013 is represented on the map I have provided. The green dots represent the location of our members served, the diamonds and x's represent the location of all LMFT providers who saw those members for family therapy services. As you can see, providers are concentrated primarily in Fargo, with a few in Grand Forks, Devil's Lake and the western border.

Need for Common Definitions

Century Code and Administrative language contain multiple terms for mental health professionals, creating confusion and inaccuracy. BCBSND would recommend agreeing on a core definition for a qualified mental health professional with consistent terminology adopted

throughout. Many providers have important roles within mental health treatment teams, but lack the ability to perform as independent providers, or are able to perform independently only within specific defined areas of expertise. The essential elements that assure a provider has sufficient expertise and competence to practice independently within the scope of their training and expertise need to be defined.

We also recommend that the standard definition be based on a set of core elements that define the essential functions of mental health provider roles, rather than by simply listing provider types who meet the essential functions (or provider types who desire to be included in the definition). Addition of new providers could then be determined objectively on training and credentials meeting the essential functions.

The core essential features that define the ability to perform independent decision-making within a provider's scope of practice are outlined below. All are necessary and none are sufficient alone to define competency to perform mental health services as independent practitioners:

- 1) Qualified Mental Health Professional:
 1. Advanced degree (Master's level or beyond in a mental health field).
 2. Post-degree clinical experience must be supervised by a credentialed supervisor within the provider's discipline (e.g., LICSW must supervise LICSW candidate, MD must supervise MD, LMFT must supervise LMFT, etc.) and as defined by the specialty licensing board.
 3. Provider must hold a state license in medicine, psychology, social work, professional clinical counseling, licensed marriage and family therapy or mid-level practice (advance practice RN with certification in psychiatry or physician's assistant with mental health certification).
 4. Provider must provide service delivery within their scope of practice.

For example, a psychiatric physician does not have necessary educational background to perform psychological testing independently and would be considered to be operating outside his/her scope of practice if doing so. As a psychiatrist, I would not be a qualified mental health professional in psychological testing. A licensed marriage and family therapist is trained in assessment and diagnosis of family systems and relationships, but does not have necessary educational background in assessment, diagnosis and treatment planning of individuals. The LMFT would be considered a qualified mental health provider in providing marriage or family therapy, but would be considered to be operating outside his/her scope of practice if providing treatment to an individual.

With a standard core definition, exceptions to the definition can be made rationally. An example of this would be licensed addiction counselor providers, who do not meet the above core criteria #1 for qualified mental health professional because the field does not require an advanced degree. There is agreement that they are qualified to assess, diagnose and independently provide treatment planning for diagnoses of addiction. They would need to be defined as qualified mental health professionals with the scope of practice of serving individuals with addiction diagnoses.

Conclusion

BCBSND opposes S.B.2049 because we are responsible to assure that providers are providing safe and effective care for our members and that we manage their health care dollars responsibly. The proposed amendments will not add workforce enhancement, nor will they

deliver effective care. In addition, we recommend that you consider development of a standard definition for qualified mental health professionals as outlined.

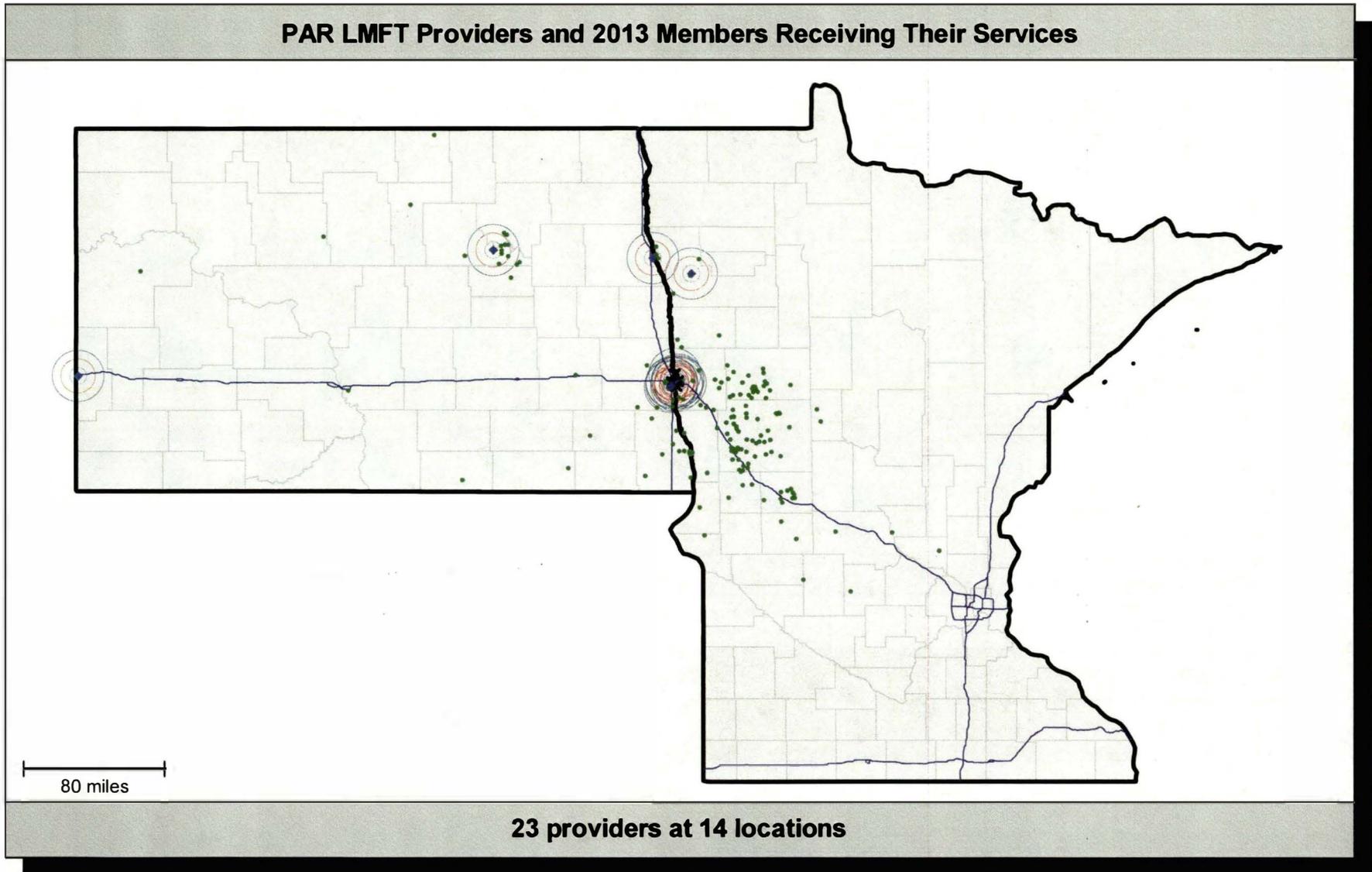
Madam Chair and members of the committee, this concludes my prepared remarks. I would be happy to answer any questions you may have. Please feel free to contact me.

Elizabeth Faust, M.D.

Blue Cross Blue Shield North Dakota

701-277-2474

LMFT Provider Locations



- Employee locations (775)
- ◆ Single provider locations (10)
- ✕ Multiple provider locations (4)

- 5 mile radius
- 10 mile radius
- 15 mile radius

GeoAccess

10.8

Attach II 01/13/15
SB2049
J# 21905

Senate Bill 2049

Senate Human Services Committee

Judy Lee, Chairman

January 13, 2015

Madame Chairman Lee and members of the Human Services Committee:

My name is Barbara Stanton. I currently work at Prairie St. John's and specialize with working with children and adults on the autism spectrum and their families/caregivers. I am licensed as a Marriage and Family Therapist (LMFT) and as a Professional Clinical Counselor (LPCC). I am submitting this testimony in support of **SB 2049**; a bill relating to inclusion of marriage and family therapists in definitions of mental health professionals.

I have a master's degree in marriage and family therapy and a doctorate in counseling psychology. After finishing my doctorate I had two options for licensure; a Licensed Psychologist (LP) or a Licensed Professional Clinical Counselor (LPCC). Marriage and Family therapists could not be licensed in North Dakota at that time. If I had the choice, I would have been licensed as a Marriage and Family Therapist. Between the LP and LPCC, I believed the LPCC was more descriptive of the type of work I wanted to do. This was fortunate because I was not aware of the restrictions for employment opportunities had I been licensed as an LMFT.

My master's degree in family therapy provided me with the knowledge and experience to work with the multifaceted issues presented by children, their caregivers and the multiple systems they are often involved with. Having been educated and trained in

two distinct disciplines, my foundation in family therapy has been the most valuable aspect in my work with children and adults in behavioral health.

I have had the opportunity teach in graduate level MFT programs, to supervise MFT interns and staff, work with other LMFTs and have found them to be well prepared to work in the behavioral health field including diagnostics, treatment planning, and providing appropriate and effective therapeutic interventions. They have unique training and experience in the complexities of working with families and other systems.

Adding marriage and family therapists as qualified mental health professionals is critical in improving access to behavioral health services in North Dakota. It will benefit children and adults by offering specialized professionals who can help improve their quality of life and reduce the risk of needing higher levels of care.

Thank you for your time in reading this.

I urge you to pass SB 2049.

Attach 12 01/13/15
J# 21905
SB 2049

From: Kristi Ventzke <kventzke@thevillagefamily.org>

Date: January 12, 2015 at 9:59:41 PM CST

To: <jlee@nd.gov>

Subject: Please Support SB 2049

Chairman Judy Lee:

I am writing to ask for your support in SB 2049. I am a Licensed Marriage and Family Therapist in ND. I have over 10 years of clinical experience in treating individuals, couples, and families. In my position as an intensive in-home family therapist I work with the most challenging and at risk children and families.

Many of these families are low-income and eligible for Medicaid. Unfortunately, I am unable to treat Medicaid clients due to not being recognized as a qualified mental health professional. This is a disservice to the children and families of ND as I am the most experienced and qualified therapist in my office.

As a marriage and family therapist I work from a systemic perspective. This doesn't exclude me from competently working with individuals and being able to diagnosis and treat them. My courses, internship experience, and supervision has made me competent in assessing, diagnosing, and treatment planning.

With the limited workforce in ND this would open up opportunities for LMFT's to be more employable and reimbursable. With more LMFT's available to treat clients the more preventative care clients can receive to prevent higher level of care costs such as hospitalization and out of home placement.

LMFT's are highly regarded and recognized in MN as well as the majority of states across the US. While working in a "border city" I often find myself telling clients I can only see them if they have BCBS of MN but not if they have BCBS of ND. This is very difficult for the public to understand because their inquiry for seeing me is related to prior work I may have done with them (through Employee Assistance Program, self-pay, etc.) that has been successful and they become discouraged and confused by this.

The ND LMFT licensure board was established by the Legislature in 2005 but yet LMFT's aren't recognized as qualified mental health professionals in the state and it is time for this to change to benefit citizens of ND.

Thank you for your support of SB 2049!

Kristi Ventzke, MS, LMFT
Clinical Supervisor
The Village Family Service Center
1726 S. Washington St. #33A
Grand Forks, ND 58201
Phone 701-746-4584
Fax 701-746-1239

not present to testify
Attach 13, SB2049 01/13/15
J# 21905

**Testimony of Kristen E. Benson, Ph.D.; Christi R. McGeorge, Ph.D.; and Tom Stone Carlson, Ph.D. before the Health and Human Services Committee
Tuesday, January 13, 2015 and Wednesday, January 14, 2015**

We are providing testimony in support of passing Senate Bill 2049 and 2046, which will classify Licensed Marriage and Family Therapists (LMFT) as mental health professionals who are able to provide diagnosis, evaluation, and treatment services covered by Medical Assistance. We are all designated as Approved Supervisors and Clinical Fellows by the American Association for Marriage and Family Therapy (AAMFT) and faculty in the North Dakota State University Couple and Family Therapy program. We would like to address Marriage and Family Therapists (MFT) scope of practice, training standards and preparation, and current federal coverage. It is important to note that current North Dakota Century Code establishes that licensed Marriage and Family Therapists are qualified to diagnosis, assess, and treat all mental health disorders (*See the attached section of the ND Century Code*). The current ND administrative rules also specify that in order to qualify for state licensure, MFTs must demonstrate that they have completed course work specifically related to diagnosis and assessment of mental health disorders (*See the attached section of the ND Administrative Rules for MFT*). Finally, MFTs are licensed in all 50 states and the District of Columbia.

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), which is recognized by the Department of Education as the national accrediting agency for clinical training programs in marriage and family therapy, maintains rigorous standards for marriage and family therapy training (*See attached accreditation standards highlighting required education related to diagnosis and assessment*). In addition to coursework that covers mental health diagnosis and assessment, theories, clinical skills, ethics, and research, students complete a total of 500 face-to-face hours of direct therapy with individuals, couples, and families. Of these 500 hours, at least 250 hours must be with couples and families, which is unique to Marriage and Family Therapy as it is the only discipline that requires clinical hours with couples and families. Students typically graduate with at least 250 direct therapy hours with individuals, which is often times more clinical experience with individuals than graduates of programs from other mental health disciplines. It is important to note that marriage and family therapy training programs count clinical hours differently than all other mental health disciplines; MFT students are only allowed to count actual time in the therapy room with clients. Other disciplines allow students to count all hours in their clinical experience, including paperwork, supervision, phone conversations, educational

conferences, etc. If marriage and family therapy students were allowed to count all of these activities than their overall clinical experience would amount to over 3,000 hours. Additionally, for every 5 hours of therapy students provide, students must receive a minimum of 1 hour of supervision with an AAMFT approved supervisor. Supervision includes both case report and observation of live clinical work by way of video recording, audio recording, and from behind a one way mirror.

Marriage and Family Therapy Core Competencies were developed in 2004 in an effort to ensure that LMFTs are prepared to work within the larger mental health system. While there are 128 competencies, the primary domains of the core competencies include 1) Admission to Treatment; 2) Clinical Assessment and Diagnosis; 3) Treatment Planning and Case Management; 4) Therapeutic Interventions; 5) Legal Issues, Ethics, and Standards; and 6) Research and Program Evaluation. More specifically, in addition to their advanced expertise in relationship dynamics, the core competencies ensure that LMFTs are able to conduct tasks that all mental health clinicians would be expected to do, for example, mental health assessment and suicide assessment. For example, the diagnosis course at NDSU involves a thorough review of the *Diagnostic and Statistical Manual* (DSM, the official handbook of mental diagnoses) and requires master's students to demonstrate competence in the diagnosis and assessment process. As a profession, LMFTs value comprehensive training that prepares practitioners to work effectively with clients who face a wide range of concerns, from mental health diagnosis such as depression and anxiety to parent-child dynamics.

At the federal level, LMFTs are currently authorized as one of the five core providers of mental health services as recognized by the Health Resource Administration (HRSA), which includes marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing. The federal government recognizes Marriage and Family Therapy in nine primary capacities; through the Department of Veterans Affairs, the Department of Defense, the Department of Education School Early Intervention Services, the National Health Service Corps (NHSC), the Department of Transportation Substance Abuse Program, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), and Indian Health Services. The recognition of LMFTs by these notable federal agencies reflects the competence of the profession to diagnose and treat a range of conditions for individuals, couples, and families. Thank you for your consideration.

Marriage and Family Therapist Training Requirements and Competence in Assessment and Diagnosis of Mental Health and Behavioral Disorders

North Dakota Century Code

<http://www.legis.nd.gov/cencode/t43c53.pdf?20150112163239>

CHAPTER 43-53

MARRIAGE AND FAMILY THERAPY PRACTICE

43-53-01. Definitions.

5. "Marriage and family therapy" means the *diagnosis and treatment of mental and emotional disorders*, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to *individuals*, couples, and families *for the purpose of treating such diagnosed nervous and mental disorders*.

North Dakota Administrative Code

<http://www.legis.nd.gov/information/acdata/pdf/111-02-02.pdf?20141216113922>

History: Effective July 1, 2010.

General Authority: NDCC 28-32-02, 43-53-05

Law Implemented: NDCC 43-53-06

111-02-02-02. Educational requirements - Determination of equivalent degree

Administrative Rule 111 2.a

a. Nine semester hours in human development covering human development, human behavior, personality theory, human sexuality, *psychopathology including the diagnosis of mental illness, and behavior pathology*;

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Educational Guidelines

http://www.aamft.org/imis15/Documents/COAMFTE/Accreditation%20Resources/Accreditation%20Standards_Version%2011_style%20update%202013.pdf

102. Area II: Clinical Knowledge

102.01 Area II content will address, from a relational/systemic perspective, psychopharmacology, physical health and illness, *traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues*.

SB2049

Attach #14 01/13/15
SB2049
JA 21905

From: Bethany Sutton [mailto:bsutton@thevillagefamily.org]

Sent: Tuesday, January 13, 2015 3:29 PM

To: Lee, Judy E.; Larsen, Oley L.; Axness, Tyler; Dever, Dick D.; Warner, John M.

Subject: Please Support MFT Bills!

My name is Bethany Sutton and I am a Licensed Associate Marriage and Family Therapist (LAMFT) in both North Dakota and Minnesota. I am currently employed with The Village Family Service Center as an intensive in-home family therapist. It is because of my Master's degree in Marriage and Family Therapy that I am able to effectively serve individuals, couples, and families in Grand Forks and its surrounding region. My training as a Marriage and Family Therapist (MFT) began in Illinois. In graduate school, I completed 63 credits throughout my 2-year program. At least four of my semester courses focused on the diagnosis, assessment, and treatment planning of individuals, couples, and families; preparing me to work effectively with a variety of clients.

Illinois is one of 37 states to fully or partially recognize MFTS as Medicaid providers. When I moved to North Dakota in 2013, I was initially unaware that this recognition does not exist here. Given that Medicaid is the largest provider of mental health services in the United States, this is both disappointing and scary for me as a MFT. Most of the families we serve through The Village qualify for Medicaid. Not allowing MFTs to serve as Medicaid providers has a negative impact on families in North Dakota, preventing them from receiving high-quality care from qualified mental health professionals. Furthermore, North Dakota is already experiencing a shortage of health care professionals in rural areas. Limiting the work of MFTs contributes to this shortage.

Multiple federal government organizations (such as the Department of Defense, the National Health Service Corps, and the Health Resources Service Administration) already recognize MFTs as mental health professionals. It is with great hope that I urge the North Dakota legislature to follow suit and change their policies in order to allow more families access to MFTs and their skilled clinical experience.

Thank you,

Bethany Sutton, MA, LAMFT
Intensive In-Home Family Therapist
bsutton@thevillagefamily.org
701-746-4584

Attach #15 01/13/15
SB 2049
J # 21905

From: Chuck Summers [mailto:csummers@thevillagefamily.org]
Sent: Monday, January 12, 2015 10:43 AM
To: Lee, Judy E.
Subject: Please support SB 2049

Madam Chairman Lee and members of the Human Services Committee, my name is Steven (Chuck) Summers and I am providing this written testimony in support of the passage of Senate Bill 2049 which explicitly defines marriage and family therapists as mental health providers under North Dakota law.

I am a North Dakota resident and veteran holding undergraduate and graduate degrees from North Dakota State University. I actively hold licensure as a Marriage and Family Therapist in both North Dakota and Minnesota. For the past 10 years I have been responsible for providing both programmatic and clinical supervision to a staff of outpatient mental health providers who work for The Village Family Service Center in Fargo and now Bismarck.

I can state quite confidently (based on my experience hiring and supervising counselors, social workers, and marriage and family therapists as mental health providers) that marriage and family therapists are well-trained and quite capable at providing direct mental health services. In fact marriage and family therapy graduates, because of the quality and depth of their clinical training, are often better equipped than graduates of their sister professions to take on directly the responsibilities and challenges of clinical work. Marriage and Family Therapists are licensed and regulated in all 50 states and in the District of Columbia. Thirty-seven states either fully or partially include marriage and family therapists as providers in their state's Medicaid plan. In North Dakota, marriage and family therapists are already working in psychiatric hospitalization settings, providing intensive in-home therapy to families with children at risk of out-of-home placement, and working directly within the state's human service centers providing mental health services.

While North Dakotans are blessed with abundant resources and healthy communities, mental health treatment in North Dakota is consistently rated in the lowest quarter of all states in our nation. Forty-seven counties in North Dakota are identified as Mental Health Professional Shortage Areas by the UND School of Medicine and Health Sciences. Psychologists in North Dakota who express concern about the professional training and ability of marriage and family therapists to provide diagnostically-driven mental health services seem committed to protecting a mental health system that is currently failing. The forty-one Marriage and Family Therapists already licensed in North Dakota represent a professional and proven resource that can help North Dakota meet the needs of our citizens.

The North Dakota legislature has already defined the profession of marriage and family therapy in the Century Code. North Dakota State University houses a nationally accredited program for training marriage and family therapists. However, once these therapists are fully trained and licensed it is all too common that they seek employment in other states where their training and licensure is fully recognized on par with counselors and social workers.

I strongly urge the members of this committee to support the passage of SB 2049 as a step towards addressing the mental health needs of citizens across the state.

Sincerely,

Steven (Chuck) Summers MS, LMFT

2-4-2015 - DHS input on SB 2049 Amendment 15.0285.01001

Attach #1
02/09/15
SB 2049
J#23471

During the 2015-2016 interim, the department of human services, in consultation with the state department of health and other stakeholders, shall study statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the department of human services to provide services or license facilities. In addition, the department of human services shall study statutory language and report recommended changes in alignment with the most current professional standard or with the most current diagnostic and statistical manual. Before ~~July~~ August 1, 2016, the department of human services shall report to the legislative management the outcome of the study and the associated ~~legislative recommendations and related draft~~ legislation.

SB2049

Attach #2

02/09/15

J# 23471

Testimony of Ronald M Burd, MD
S.B. 2047/2049
Human Services Committee

Madam Chair and committee members;

I am a psychiatrist who practices in Fargo where I have been providing care to North Dakotans for 28 years. I am offering these comments on proposed legislation regarding Marriage and Family Therapists on behalf of myself and the North Dakota Psychiatric Society.

While acknowledging the knowledge, skill set and care provided by Licensed Marriage and Family Therapists (LMFT) and the fact that they are valuable members of the treatment team, both these bills seek to place LFMTs in situations for which they have neither the requisite training nor skills.

These changes to the Century Code would allow LFMTs to place patients on an involuntary hold, function as independent examiners and deliver critical incident stress debriefing therapy.

Each of these settings require knowledge and skill in the assessment and/or treatment of individuals. The education and training of LFMTs is by definition focused on non-individual assessment and treatment. Passage of these bills would distort the focus of the profession and expand the scope of their practice of into areas where they traditionally do not work, train nor have expertise.

When placing an individual on an involuntary hold, you are balancing out their individual risk factors against protective factors. We suspend someone's right to self determination against the consideration for their safety. Knowledge of and skill in dealing with individual, personal factors is clearly key.

Functioning as an independent or expert examiner has an even higher standard. Here, the testimony of the expert is being used to determine treatment. Again, experience and skill in individual factors and considerations is key.

Lastly, the inclusion as deliverers of critical incident stress debriefing makes little sense. This efficacy of this therapy has been questioned, and is regarded by some of the evidence-based reviewers to actually be contra-indicated. To expand the definition to include LMFTs, while the real discussion should be removal of this provision from the Century Code makes no sense at all.

In summary, I urge you to vote against these proposals. They seem to offer nothing to improve the delivery of efficient, effective care to North Dakotans and instead actually seem to erode quality care.

Madam Chair and members of the committee, this concludes my testimony. Please contact me at (701) 367-2843 or <rburmd@gmail.com> should you have any questions.

Ronald M Burd, MD

#1

Testimony

Senate Bill 2049 – Erica Cermak, Lobbyist, American Association for Marriage & Family Therapy-ND Chapter

House Human Services Committee

Chairman Robin Weisz

March 16, 2015

Chairman Weisz and members of the Committee, my name is Erica Cermak and I am here representing the North Dakota Association for Marriage and Family Therapy, a chapter of the American Association for Marriage and Family Therapy. I am here to testify in support of SB 2049.

Previously your committee had before you SB 2047, in which representatives from NDAMFT testified in favor of the bill. SB 2047 & 2049 are similar in nature as they both attempt to develop a functional definition of Mental Health Professional in North Dakota statute. We fully support the provisions of 2049 and ask the committee to again consider that LMFT's are well qualified professionals demonstrated by their clinical training and licensing requirements and ask the NDDHS to include them as they are developing statutory references to Mental Health Providers.

Thank you Chairman Weisz and members of the committee for the opportunity to testify before you this afternoon. I'd be happy to answer any questions you may have.

SB 2049
3-17-15

Handed
in by Rep. Muska
#1

8/27/14

APPENDIX A SUMMARY

Opportunity One – Addressing Service Shortages

- Increase use of telemedicine
- Establish assessment centers in each region of the state
- Train Critical Access Hospitals to triage Behavioral Health issues
- Establish a Hennepin County “like” model
- Use HCBS waivers for MHSA services
- Increase Substance Abuse Services
- Increase access to IDDT
- Develop discharge planning protocols, including the establishment of outcome measures. Fund one year pilot project.
- Increase after hour options like Devils Lake NIATx walk in clinic
- Use telemedicine for crisis assessments – IA model
- Model after eICUs to create ePsychiatry in the state.

Opportunity Two – Expand Workforce

- Create an oversight system for licensing boards utilizing public health as overseer
- Support changes in expert examiners including expansion of nurse practitioners as health care expert witnesses
- Expand numbers of LAC by establishing a stipend program for LAC interns
- Expand LAC training slots by providing stipend for organizations that offer training slots
- Establish professional licensing board standards for mental health professionals
- Establish a student loan buy down system for licensed BH clinical staff
- Change Behavioral Health Professional definition
- Create reciprocity language to “shall” accept all professional licenses meeting international and national accreditation standards and qualified state equivalent for each BH license
- Make sure all educational requirements are available within state and online for access
- Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate into Post Training standards
- Provide basic training in schools on behavioral health issues for teachers and child care providers using Mental Health First Aid model
- Increase training for law enforcement, emergency personnel, corrections and teachers
- Increase education opportunities for behavioral health providers

8/27/14

Opportunity Three – Insurance Coverage Changes Needed

- Re-evaluate Essential Health Benefit Package selected and unintended consequences
- Determine if insurance coverage meets federal parity standards
- Work with insurance providers to fund ASAM Core Services
- Broaden Insurance
- Amend state Medicaid plan to include LPCC and LMFT licensed Professionals
- Expand community based services through mental health HCBS waiver
- Decide whether to maximize federal funding options or increase use of state and private funds to fill gaps
- Determine what 3rd party payers should be covering
- Apply Medicaid waiver for SDMI population
- Change administrative code to reimburse Behavioral Health Professionals
- Expand Medicaid to licensed addiction agencies and others that are eligible for other 3rd party reimbursements

Opportunity Four – Changes in DHS Structure and Responsibility

- Create independent appeal process
- Standardize and distribute rules for uniform access to HSCs
- Encourage hiring throughout the state not just in HSCs
- Increase oversight and accountability for contracts with independent appeal process
- Adopt ASAM Core Service Grids for Adult and Adolescent – Define HSC Roles and move to private and/or voucher system
- Create list of services only provided by DHS
- Improve coordination of care with county service systems for youth
- Legislative oversight of HSC system to uphold powers and duties in outlined in 50.06-05.3

Opportunity Five – Improve Communication

- Pre-school screening/assessment
- Support DHS task force that addresses hearing timelines
- Seek additional federal funding for age 0-5 Visiting Nurse program for BH
- Strengthen advocacy voices in North Dakota
- Review record sharing options for ND
- Change regulations to accept electronic releases and all other treatment documentation
- Streamline application process for residential facilities
- Improve regional communications HSCs to all providers
- Standardize policies and procedures that foster better communication

